



MANUAL CLAIM FORM
VTPART D CLAIM - NCPDP vD.0

Return to: Goold Health Systems, Inc.
1 Greentree Drive, Suite 2
S. Burlington, Vt 05403
Fax Number: 1-844-679-5366

Patient Name		Cardholder ID				Pharmacy Name				NABP			
Street Address	City	Plan Name	Patient DOB		Gender	Pharmacy Address				NPI			

Claim 1

Comments:			Other Coverage Code		Benefit Stage 01(DED)		Benefit Stage 02 (INIT)		Benefit Stage 03(GAP)	
Rx Number	Ref #	Prescriber NPI #	Prescriber Name		Date Prescribed		Date Filled		Quantity	Days' Supply
PA #	MN	Drug Name, Strength, Dosage, Mfg.		NDC		PDP Copay		Sub Clar Code		Total Billed

Coordination of Benefits (COB) – Other Payer Information

Other Payer ID	ID Qual.	Other Payer Date	Other Payer Rejects		OPAP				OPPRA	
1					Qual	Amt	Qual	Amt	Qual	Amt
2					Qual	Amt	Qual	Amt	Qual	Amt

Claim 2

Comments:			Other Coverage Code		Benefit Stage 01(DED)		Benefit Stage 02 (INIT)		Benefit Stage 03(GAP)	
Rx Number	Ref #	Prescriber NPI #	Prescriber Name		Date Prescribed		Date Filled		Quantity	Days' Supply
PA #	MN	Drug Name, Strength, Dosage, Mfg.		NDC		PDP Copay		Sub Clar Code		Total Billed

Coordination of Benefits (COB) – Other Payer Information

Other Payer ID	ID Qual.	Other Payer Date	Other Payer Rejects		OPAP				OPPRA	
1					Qual	Amt	Qual	Amt	Qual	Amt
2					Qual	Amt	Qual	Amt	Qual	Amt

Provider Signature		Date Signed			
--------------------	--	-------------	--	--	--